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ABSTRACT

Details the role of the child care center in the provision of social services to children and their families and argues that the need for such services is no longer debatable, but rather the need to communicate and deliver services is the issue. The essay explicates the role of the child care center in terms of what it means to provide comprehensive child care, discusses efforts made to deal with this role, and the urgency of the need to communicate and deliver services. A job description is provided delineating the role of the social services specialist as related to task-performance criteria and responsibilities, required qualifications, characteristics, and abilities and strengths, including working with center staff, parents, and social service agencies. The appendix lists a variety of human service sources to be found in the local community, with the intent of motivating child care providers to provide existing services to children and their families. (Author/MS)

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Serving Children and Their Families -- The Role of the Child Care Center

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Serving Children and Their Families -- The Role of the Child Care Center

Abstract

The author, elaborating the role of the child care center in the provision of social services to children and their families, argues that the need for such services is no longer debatable, but rather the need to communicate and deliver services is the issue. In the process, the role is explicated in terms of what it means to provide comprehensive child care, a perspective which pervades the entire essay. The essay, therefore, begins by introducing the related issues; continues by discussing efforts made to deal with the role, including the urgency of the need to communicate and deliver services. In the process, a job description is provided delineating the role of the social services worker as related to task-performance criteria and responsibilities, required qualifications, characteristics, and abilities and strengths, including working with center staff, parents, and social service agencies. An appendix is also offered as a suggestive point of departure, which lists a variety of human service sources to be found in the local community, with the intent of motivating child care providers to get existing services to children and their families. The essay concludes that efforts should be made in the child care center to do all that can be done to help all children and their families share in the best of America's life.

Serving Children and Their Families -- The Role of the Child Care Center*

The role of the child care center in the provision of human services to children and their families is much talked about but little understood. Yet, this role is one of the most debated and unresolved problems faced by parents, child care advocates, child care providers, and government agencies alike. Clearly, the key element to providing the needed social services is to be found in the director, the social services specialist, or a designated staff person with the requisite training and disposition to develop and maintain an up-to-date listing of the available services at the local, county, state, region and national levels. Thus, the need for such services is no longer debatable; the need for communicating and delivering these services is the issue (Taylor, 1976).

This need is manifested in the judgments and opinions of some experts who have taken the position that some child care centers are little more than warehouses, where children are stored, with little effort made to give them the personal attention, the stimulating sensory, socio-emotional and intellectual experiences, and the range of educational, nutritional, health, safety, and related social services needed by young children and their families (U.S. News & World Report, 1976; Keyserling, 1972). Viewed from this perspective, the issues, and the prospects of child care center conditions fail to predict a rosy picture for the future. Peters (1975) addresses the notion that to both the bystander and the intimate participant, the day care field often seems a tumultuous kaleidoscope of breaking issues and daily crisis.

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* The content of this paper is based on a series of workshops conducted by the author for child care personnel, sponsored by the Texas Department of Public Welfare, during the months of July, August and September, 1976.

> To the serious student of the field, it is an incredibly complex social institution; one with uncertain boundaries and continuous ambiguity and uncertainty in its conception and practice. To some degree it may be likened to a child suffering stress and growing pains as he tries to find his place and learn his role in a fluid and changing society. This ambiguity and uncertainty, with its accompanying fluidity, is at the heart of both the problems of the day care field and of its prospects and promise for the future (p. 135).

Therefore, if child care centers are to be both educational and developmental, then, these centers must serve as sources of information on child and family services, and communicate these to the families of the children served. This position implies that child care center operators need a clear and generally accepted conception of the role they need to play in the provision of social services. The fulfillment of this need provides a firm cornerstone on which to train and develop child care staff for improving the quality of care the children receive. At the same time, it must be understood that no one center is expected to provide the variety of comprehensive services available to children and families. However, every center can be expected to serve as a reservoir of information by providing a listing of available services to the families of the children served.

Efforts to Deal With the Role

Considerable efforts have already been made to conceptualize the role of the child care center in the provision of social services to children and their families. Such efforts indicate that child care providers have learned their lessons from the past (Fowler, 1975). However, the role has been neither

clearly defined, nor performed, nor generally accepted by child care providers. Apparently, the aim of day care in the past was to ensure the survival of children through custodial care -- mere baby sitting (Peters, 1975). This type of care may be considered legitimate, if child care is seen as being provided only for children who would receive inadequate or no care in their homes, because of parental absence, or if child care is seen as a vehicle to permit parents to be trained or employed. Custodial care is inadequate in a center whose aim is to provide comprehensive child care -- developmental and educational -- in ways that supplement rather than supplant family home care.

The related literature is replete with efforts made to conceptualize and define the role. Suffice it to give a few examples: the Austin Association for the Education of Young Children (1973); the American Academy of Pediatrics (1971); the Child Welfare League of America, in its standard-setting books which form the bulwark for services to children and families (1959, 1964, 1969, 1971, 1973a, 1973b, & 1975); the Association for Childhood Education International (1965, 1969, & 1970); and the Association for Supervision and Curriculum Development (1968); Voice for Children, the official publication of the Day Care and Child Development Council of America, Inc., which deals primarily with the political and socioeconomic aspects of child care.

Other related and valuable sources include Guides for Day Care Licensing; Federal Interagency Day Care Requirements (1968, 1970, & 1972); Hewes and Hartman (1972); the two special issues of the Harvard Educational Review (1973, & 1974), dealing with the rights of children; the essay by Close (1973), dealing with the selection of priorities at the 1970 White House Conference on Children; the special issue of Esquire (1974), dealing with Americans' hate

for kids; the Federal Register (June 27, 1975), dealing with social service programs for individuals and families; Hollomon's (1976a) essay, dealing with the problems of child care administrators; and the Bicentennial Issue of Children Today (1976), with essays written in historical perspective by leading childhood experts, dealing with changes in American family life, changing psychological perspectives about children and their families -- past and present, child welfare services, child health care in America, child labor, children's books, and the unmet need of America's children.

Under the direction of Jeannette Watson, the Early Childhood Development Division of the Texas Department of Community Affairs has published four related documents (1974a, 1974b, 1975, & 1976). These publications describe the needs not only for communicating and delivering child and family services, but they also describe the statewide public and private agencies and programs designed to meet these needs. Each of these documents is available to community planners, county judges, legislators, teachers, social workers, health workers, and others who work with young children and their families. In this manner, each document serves both as a communications system and an information-delivery system to be used to answer requests from communities about sources of help for the welfare of young children and their families. By making these documents available and accessible, Texas is perhaps a forerunner in this area of immediate concern.

Other human service efforts of historical significance have been made by the Children's Bureau and the Social Security Act of 1935. The Children's Bureau, which is now in the Office of Child Development, U.S. Department of Health, Education, and Welfare, is concerned with all matters pertaining to the welfare of children and child life among all classes of America's citizens.

It provides health services, educational services, rehabilitation services and a specialized group of child welfare services. The Social Security Act of 1935 was amended in 1962 to expand the definition of the child welfare services it provides, including social services which supplement or substitute for parental care and supervision for the purpose of preventing, remedying or assisting in the solution of problems which may result in the neglect, abuse, exploitation or delinquency of children. It also includes the protection of children of working mothers and the strengthening of the child's own home. The Title XX Amendment to the Social Security Act (January 1975) was a reorganization of the Public Services. The results to date indicate that child care services, including the training of personnel, are the leading category for overall spending in all state plans. "Protective Services are required in all state plans and the distinctive configuration of child welfare services are thus included in the social services reorganization plan" (Kadushin, 1976, p. 21). With this Amendment, child welfare services have become expanded and more inclusive.

> Currently the term child welfare services embraces: (1) supportive services to children in their own homes, such as mental health and family agency services, protective services and casework service in the AFDC program; (2) supplementary services such as day care, homemaker service and income maintenance programs, principally AFDC; and (3) substitute care services such as foster family care, adoption and institutional child care (Kadushin, 1976, pp. 21-22).

Consequently, implicit in the concept of comprehensive child care is the provision of needed child and family social services. Also, implied in this concept is evidence that "indicates that the family is the most effective

and economical system for fostering and sustaining the development of the child" (Bronfenbrenner, 1974, p. 17). The family situation is the environment that affects children for all the years of their growth. It is the core of a child's life, not the child care center. The center, no matter how good, is peripheral to his growth. Early care and learning in a center can work, in a limited way, but the center or any other child care arrangement, will never be home (Stein, & Smith, 1973). Therefore, if the discrepancy between the care the family provides at home, the services provided in the center, and the services provided by human service agencies, is too great, then the center ceases to function as it is expected to do (Mead, 1970).

The message is that in its efforts to provide comprehensive and quality child care, the center must assume a partnership in both the communication and the delivery of services (Hollomon, 1976b). This effort must involve close cooperation and planning between the parents, the center staff, and the human service agencies for the welfare of the children, in order to provide continuity of care and allied social services.

Thus, the concept of how this important role is to be played by the child care center needs to be not only clearly stated, but it also needs to be generally accepted by child care providers. Furthermore, the concept needs to be performed by words-in-action. That is, the words should explicate not only the role but also how the role is to be performed. It is assumed that the implementation of a comprehensive child care program needs as a precondition the provision of child and family services, and is perhaps a consequence of the provision of such services. If this assumption is acceptable, then the basic objective is to encourage parents not to abdicate their responsibility toward their children and surrender them to the child care center (Hollomon, 1976b). The criterion

referenced objective is to bring together both the children's families and the human service agencies into a common orbit, in cooperative endeavors with the intent of improving the family situation. In this manner, the child care center, the agencies, and the families will not be working at cross purposes. The result should be that parents will come to understand more readily what the child care center and the agencies can do for their children, and what only the parent-family itself can do for its young boys and girls.

The thrust of such humane efforts can also serve to meet the challenge to resolve the issues, which are currently being debated, relative to certifying, credentialing, and accrediting child care centers. Although these issues are now only in the debating stage, the time will apparently come, when child care centers will be obliged to present evidence -- based on specified competencies, abilities and strengths, and overall program implementation, operation, and management -- that meets required standards of quality child care, in order to stay in the child care industry. The day is slowly passing that allows child care providers to continue operating in a business that deals with America's most important assets, young children, without meeting a given set of standards of approval. Minimum state licensing standards will no longer serve this purpose in the future. Because such standards are regulative in nature, and "minimum" in enforcement, they fail not only to clearly define and conceptualize quality child care in generally acceptable and agreed upon terms, but they specify little or nothing about the conditions requisite for accreditation, credentialing, or certification. This failure is understandable, because such conditions are usually the results of efforts made by the profession. That is, it is the expertise of the profession or industry which determines the criteria

for approval. In short, if the child care centers recognize and generally agree on the pertinent issues, not only would they be making adequate preparation for what is apparently inevitable but they would also be playing a significant role in their efforts to improve the quality of services young children and their families receive.

The Need to Communicate and Deliver Social Services

The need to communicate and deliver social services to children and their families has already been established. As early as 1930, The Children's Charter (Theory Into Practice, 1976, p. 69) was drawn up by The White House Conference on Child Health and Protection. This Conference recognized the rights of the child as the first rights of citizenship, and pledged itself to fourteen specific aims for the children of America. These aims deal not only with the rights of the child to learn, live and grow in an environment that fosters affective, cognitive, and social development, but these also deal with the rights of the child to be provided with the requisite nutriments and related human services to develop the potential of the whole child to live in the whole world.

Among these rights and aims are those that relate to the kinds of social services that can be provided in child care centers, whether federally funded, private nonprofit, proprietary, or volunteer (church supported). Some examples of these rights and aims which relate more specifically to the role child care centers can play are: (a) health protection, including periodical health examinations, regular dental examinations and care of teeth, protective and preventative measures against communicable diseases, the insuring of pure food, pure milk and pure water; (b) the promotion of health and health

instruction through an established health program, including wholesome physical and mental recreation with an adequately trained teaching staff; (c) a dwelling place harmonious and enriching -- sanitary, free from conditions which tend to thwart a child's development; (d) a child care center safe from hazards, sanitary, properly equipped, lighted and ventilated; (e) a child care center that recognizes and plans for individual child care needs, protects the child against physical dangers, moral hazards, disease, provides the child with safe and wholesome places for play and recreation, and makes provision for satisfying the child's cultural and social needs; (f) a child care center that educates the child for safety and protection against accidents to which modern conditions subject the child -- those to which the child is directly exposed and those which through loss and maiming by the child's parent figures affect the child indirectly; (g) a child care center which enrolls blind, deaf, crippled, or otherwise physically, mentally and socio-emotionally handicapped children, such measures as will early discover and diagnose these handicaps, and provide care and treatment, and so train these children that they may become assets to society rather than liabilities -- the expense of which should be borne publically when not met privately.

The Charter also stresses the right of the child to receive care that has an established system of making referrals to identified agents or agencies qualified to adequately treat a child's conflicts with society's social norms, including foster homes, specified educational programs, the church, the courts, and the requisite institutional care when needed, whose purposes are to shape the child's behavior, when possible, into the normal stream

of life. A child also has the right to be placed in a child care center that supplements the home in the training, development and growth of children -- a center that returns to the home a child with the cultivated interests which modern life tends to cheat children. In addition, a child has the right to be cared for in a center that makes available these minimum protections of the health and welfare of the children in its charge.

The above rights can be guaranteed in large measure, provided that the directors of child care centers are aware of and make effective use of the services provided by the local community, county, state and regional agents and agencies and associations, and other allied health, safety and welfare organizations. Each of these sources has personnel with the requisite experience and training, with the concomitant willingness to render not only the needed services but they also have the expertise to coordinate these services in ways responsive to the identified needs of children and their families. The human and physical resources in these agencies have statistics and scientific research evidence to back up the methods they use and the decisions they make. Many of these sources are federally and state supported; some are private for profit; and others provide either free services or charge a fee on a sliding scale, depending on the ability of the parents to pay.

It is therefore the responsibility of each child care center to have an easily accessible listing of all the available social services, especially in the local community, including the relative cost of each; time schedules for services; transportation cost, if any; the relative amount of time required to receive the needed services; when the consent of the parents is needed, and the like. This kind of information should be made available to parents not

only as an implementational procedure, but should also be given to them in writing as part of the process of enrolling a child in a child care center. In this manner, much confusion can be avoided when an emergency arises requiring specific attention. This procedure is also a means of making parents aware of the services available to them and their children.

In child care centers, or home-based child care settings, which are operated without a social services specialist, it is the responsibility of the director, or the primary person in charge of providing child care, to maintain such a listing and to make it available to the parents of the children served. In cases where the parents speak or read little or no English, the listing should be written and explained in both the preferred language of the parents as well as in English. The value of using both languages is obvious. In short, a listing of available services to the children and their families is a prerequisite to the effective management, operation, and implementation of any quality child care program. The child care center, regardless of its funding resources, owes this kind of social service to the parents of the children it serves.

Providing the parents with a listing of these related services is particularly valuable with regards to inoculations necessary for admission, required health examinations, list of symptoms for which a child should be kept at home, isolated or sent home, policy for children exposed to communicable diseases, names and addresses of nearby physicians, as well as names and addresses of family physicians; daily health inspection procedure; home visits and conferences, how many, reasons for them, and the like (Ideas for Administrators, 1973).

The Urgency of the Need

The need for the child care center to play a significant role in the communication and delivery of social services is further revealed by the serious, persistent problems that currently limit the effectiveness of child welfare services. Some of these problems, as outlined by Kadushin (1976), are (a) that client access to service is difficult and discouraging; (b) that services are fragmented and poorly coordinated both within and between services; (c) that there is an overuse of substitute care services and an underuse of supportive services; (d) that the service offered often is not appropriately related to the problem being presented, nor to the client presenting the problem; (e) that the approach to clients is often unnecessarily authoritarian and coercive and that the social worker's decisions are often arbitrary and made without regard to a systematic, diagnostic assessment of the situation; (f) that children get lost in the system; (g) that periodic, systematic review of case planning is often neglected; (h) that there is a studied indifference to parental needs once the child has been removed; (i) that large groups of children, particularly those who are not white and are poor, are not adequately served; (j) that the system is unresponsive and inequitable; (k) that services tend to be reactive rather than proactive, responding lethargically only to crisis situations; and (l) that no well developed, systematic program of worker and agency accountability exists. In short, the system appears to operate against the finding of solutions to these problems.

The failure to find practical solutions to these problems is partially supported by the inadequate levels of funding, by the fact that child welfare units do not exist in some local communities. Such problems are also supported

by the prevalence of attitudes that lead to an emphasis on child care that is often oriented mostly to the intellectualization of the child -- emphasis upon the child as "brain." Such an emphasis may well cultivate narrowly defined cognitive skills and abilities. If this emphasis is overly generalized, we may very well be creating a breed of children whose value and progress are judged primarily by their capacity to do well on test of IQ, reading readiness or school achievement scales (Keniston, 1975). In addition to emphasizing the cognitive functions of the child, the child care center needs to stress the child's own needs and human potential, as well as those of the child's family. In Velie's (1974) essay on the shocking truth about our children's health care, he expressed a need for a new approach to improve health-care-delivery systems to deal with today's problems. Our nation's children, one third of our population, receive only a pittance of the federal health budget, about 12 percent.

The groundwork for a new approach has already been laid. In a Special Issue of Voice for Children (July, 1976), the proceedings of the Eighth Annual Meeting of the Day Care and Child Development Council of America, Inc. are reported. These include plans that can be used as a model for integrating health care into a comprehensive social service delivery system, multisource funding in a comprehensive social service delivery system, the role of parents in a comprehensive social service delivery system, as well as suggestions for a comprehensive social service delivery system in a county, city, or state. In his keynote address, Theodore Taylor, Executive Director of the Council, outlined a one year emergency action plan. He emphasized that child care services and child development are in a critical period of their history; that social service delivery systems are perceptibly fragmented; and that the next year will be crucial if we are to save the programs that we have and add the ones which are needed.

Taylor therefore proposed a comprehensive social service delivery system which would, on the local levels, reach out to all social service providers that touch children and families directly or indirectly, and integrate them into one responsive system. This system, in general, would (a) find and strengthen areas of cooperation among agencies on the national, state and local levels; (b) design an educational system for legislators to inform them of the needs and concerns of the American family; (c) encourage the election of human oriented officials; (d) develop models for local units to use in the areas of public information and public relations; (e) demonstrate to its grassroots constituency a method for developing a consensus on basic social service philosophy for local policies and procedures; (f) design a structure which would allow for checks and balances at all governmental levels; (g) provide for the development of a research and evaluation unit, which would monitor and assist social service agencies; and (h) establish a network of concerned persons working on all levels to assure a consistency and continuity of service. Although such a plan may at first appear to be grandiose, if child care providers are to assert their abilities and strengths in these areas, now is the time to begin.

If such a comprehensive social service delivery system were implemented, the role of the child care center would be more clearly defined. This is not to say that many local child care centers are not already well along the road in their efforts to provide social services. Theodore Taylor recognized these, and gave credit to the many centers that are using the elderly as part of their staffing, funds from the nutrition legislation, available surplus foods, and the EPSDT health program to see that their children receive necessary health care.

Also recognized were those centers that provide on-the-job training for persons under the CETA program. One example is the family day care program of New York City's Agency for Child Development, which offers technical assistance, educational input, training, health and nutrition advice, and establishes strong links to existing community support and social services (Whaley, 1974). The essential task therefore is twofold: to broaden this base into one comprehensive responsive system by including many funded and funding sources, and to clearly define and conceptualize the role the child care center is to play. In response to the latter, the following job description is an attempt to deal effectively with both the ambiguity and the uncertainty of the role.

Job Description for Social Services Specialist

Clearly, if child care center operators are to better understand their role in the provision of social services to the children and their families served, then, they need a clear and generally accepted conception of the role they are to play toward this end. What is required then is a job description for the person who is to play this important role -- one which has the content of experience and the logic of experimentation to support it. One attempt, based on scientific research procedures, has been made to describe the tasks performed by such a person. The Texas Day Care Study (Alciatore, Hollomon, Zaccaria, & Associates, 1976; Zaccaria, Hollomon, & Associates, 1976) dealt with the need for trained child care staff. It included an occupational analysis of child care workers and supervisors, in an effort to provide the needed scientific basis for developing staff training programs and for improving the quality of child care. The first analysis was based on the time-spent factor in the performance of duties on the job. Then, the data were analyzed

to determine the level of difficulty of the duties performed, the consequences and conditions under which the duties were performed, relative to the adequacy performance of specified duties (i.e., those which must be performed competently if the job is to be performed in a satisfactory manner), task learning difficulty, and training priority.

The investigation used a job inventory consisting of 162 tasks, which was responded to by 684 day care workers, representative of persons in a range of types, locations, and positions in day care centers. This sample included private nonprofit, proprietary, volunteer, and federally funded centers. In addition, a selected number of child development experts, day care supervisors, and administrators rated task difficulty, consequences, and training priority of each of the 162 tasks. These ratings were elicited to determine not only a career ladder but also to determine the requirements for training child care staff, and to determine the abilities and strengths needed to perform the requisite tasks in each position.

The results yielded five teaching positions and five administrative positions. One of the latter positions was designated as that of a social services specialist. This job included activities involved in evaluating children, their problems, and coordinating center, home, and agencies. It was found that these job incumbents spent about 43% of their time in the performance of this duty, which accounted for a total of 75 of the 162 tasks about which relative information was elicited. This job description also accounted for 90% of the time spent by the social services specialist. Based on these findings, a position description was developed for the social services specialist containing related task-performance and responsibilities. Using this description, the requisite abilities and strengths needed to perform the tasks in this position were inferred.

The Job Inventory was divided into nine related categories or duties, and further subdivided into a number of specified tasks performed under each duty. The following position describes both the specified tasks performed and the relative percentage of time spent by the social services specialist in the performance of each of the nine duties.

Duty A -- Development of Center Plans, Policies, and Procedures, (2.89%)

Develop rules to insure health and safety of children.

Plan center open house or parent workshops.

Plan field trips and holiday celebrations.

Duty B -- Administration of Money, Supplies, Facilities, Equipment, Etc. (9.46%)

Close center at night.

Collect fees.

Distribute pay checks.

Inventory equipment and toys.

Keep records of money taken in and expended.

Keep employee records.

Purchase or order food and supplies.

Purchase or order equipment and toys.

Duty C -- Supervising Center Staff (7.26%)

Carry out personnel policies.

Maintain staff personnel records.

Schedule daily activities.

Schedule swimming instructions.

Supervise inservice training.

Determine qualifications of potential staff members.

Evaluate staff and determine training requirements.

Duty D -- Providing for Health, Safety, and Comfort of Children (11.59%)

Administer first aid.

Administer prescribed medications.

Dispose of trash or garbage.

Regulate heating, cooling, or ventilation.

Regulate lighting.

Remove hazardous objects from children's reach or presence.

Carry out emergency measures in case of illness, accident, or fire.

Hold or touch children to provide comfort to them.

Introduce new child to center, staff, and children.

Prepare children to go home.

Review and make use of individual health records.

Tie children's shoes.

Duty E -- Teaching or Guiding Children Relating to Self-Concept, Sensory, Language, and Cognitive Development (2.67%)

Build children's identity by using their first names or noting their clothing.

Encourage children to try all foods.

Explain safety rules to children.

Duty F -- Managing or Directing Children in Social-Emotional, Psychomotor, and Muscle Development (6.13%)

Decorate center for seasons, holidays, or themes.

Direct children during fire drills.

Encourage children to express emotions.

Encourage children to vent frustrations or hostilities without hurting others.

Manage crying children.

Play with infants.

Praise children for efforts.

Settle arguments.

Duty G -- Planning Teaching Activities (2.52%)

Plan activities for teaching children to associate words with pictures.

Plan activities using children's interests.

Plan activities for teaching differences of size and shape of objects.

Plan art or craft activities.

Duty H -- Dealing with Public, Officials, and Regulations (4.52%)

Insure that licensing standards are met and maintained.

Schedule inspections by public officials.

Evaluate compliance with federal regulations.

Evaluate compliance with local and state regulations.

Duty I -- Evaluating Children, Their Problems, and Coordinating Center, Home, and Agencies (43.08%)

Conduct daily health observations.

Evaluate children's emotional and social development.

Evaluate physical, sensory, or intellectual development.

Identify children with motor problems.

Identify children with vision, speech, or hearing problems.

Identify symptoms of childhood diseases.

Identify unusual behavior of children.

Keep a social development record on each child.

Make daily notes of children's progress.

Answer and make telephone calls.

Assess children's needs in terms of parents' values.

Assist families in filling out applications for aid.

Assist families to improve their homes.

Conduct parenting workshops.

Discuss child rearing practices with parents.

Get parents to share special skills and talents.

Prepare reports on accidents.

Prepare reports on suspected child abuse or neglect.

Refer children with motor problems.

Refer children with vision, speech, or hearing problems.

Refer parents to agencies for help with social, health, or legal problems.

Report signs of illness or discomfort in children.

Report unusual behavior of children.

Secure good ideas from parents.

Visit children's homes.

Duty J -- Performing Other Tasks as Required or Directed (Approximately 10%)

Although this job description specifies the tasks performed by the social services specialist under the nine identified duties, which account for roughly 90% of the time spent on the job, it does not account for approximately 10% of the incumbent's time which is spent in the performance of job-related tasks as required by the center director. It is recognized that in any related research design a respondent may perform tasks which were not in the inventory of tasks, and that the respondent may not have added such tasks performed either because of the frequency of their performance or because it was felt that such tasks were already included in the related tasks specified in the inventory. It is also recognized that in any job description, although based on scientific research, the extent and quality of job performance may well reflect differences in discrete program elements, as well as the overall philosophy of a particular center.

Therefore, it is suggested that a significant proportion of this unspecified time can be appropriately spent developing and maintaining an up-to-date listing of the available social services in the local community. This information can be communicated not only to the families of the children served but also to the other center staff. (Suggested agencies to be included in such a listing are presented in the Appendix).

In addition, if a full-time social services specialist is employed, this person can spend some time developing and administering pertinent assessment instruments, and analyzing and interpreting the data obtained relative to connecting the goals and objectives of the center program with what parents expect for and from their children in the child care center. It is recognized that if the teaching staff are to adequately perform all the tasks incumbent upon them during a work-day, they may not have the available time or the required training to render the requisite social services needed by both the children and their families. In many cases, the teaching staff may lack the prerequisites to perform adequately the required child-caring tasks until after a period of on-the-job experience.

The child caring-teaching staff therefore need the specialized services of a social services person to inform them on matters related to parental patterns of responding to: (a) childhood separation anxieties; (b) discipline problems; (c) children's habits of eating, sleeping, eliminating, hygiene, learning; (d) childhood social life; (e) children's questions; (f) their children's language production; (g) their permissive-restrictive dimension of parenting ideology such as how parents view their role as parents, the nature of childhood, childhood celebrations, childhood jealousies and

disputes, obedience behavior, crying, attention-getting behavior, childhood defense mechanisms, childhood needs; and (h) the cultural values parents esteem most relative to their child rearing practices.

It appears that any child-family oriented center would want to be aware of these patterns of parenting attitudes and behaviors, if it is to adequately supplement the family-home situation. It would also appear that the center staff would want to be a source of related information and knowledge, which parents can tap for the variety of social services available to children and their families. When such a source is provided by the center, it allows the child care providers and the parents to express what they perceive to be the effects of the various social services on both the children and their families. Such expressed perceptions are means of allowing both concerned parties to react to and provide input into the various human service delivery systems.

Required Qualifications and Characteristics: Personal Abilities and Strengths

The social services specialist must have the appropriate education, knowledge, skills, and aptitude to work effectively with center staff, young children and their families in order to perform the tasks requisite of this position description. This person must present evidence of good physical and mental abilities as required by state regulations, and be of good moral character. A fully qualified person must have the requisite strengths to be able to perform all the duties listed above in order to be called a social services specialist. The main emphases of the incumbent's knowledge and skills are in the performances of tasks under Duties, I, D, and H, respectively. In addition, the social services specialist must possess other personal abilities and strengths.

To effectively communicate and deliver social services, the person charged with this responsibility needs to possess the personal abilities and strengths of an effective human service person. The performance-tasks identified in the job description can result in conceptual and applicative confusion for the social services worker, if they are thought of only in terms of observable and quantifiable behaviors, that are predictable and controllable through precision-measuring techniques. The social services specialist needs to have abilities and strengths in interpersonal relations with the concomitant ability to be genuinely human in approaches to helping families become aware not only of the available services but also to help them to become users of these services. Another personal strength is the ability to deal diplomatically with agents and agencies providing services. Still, another strength is the ability to work cooperatively and affectively with families in a joint effort to secure the legitimate services that are rightfully theirs, because such services are established to help those families that have needs, expressed and implied.

Viewed from this perspective, the day care operator and other child care providers can no longer think of their job as only neutral child-care givers, but rather as child-care and family social services providers. In this manner, the role of day care is not only viewed from the perspective of providing a good place for young children to learn, live, and play, but also from the perspective of serving as a connecting link between the home and the community child and family services. Thus, the provision of child care takes on the role of communicating and facilitating the delivery of child and family social services.

In short, the person charged with the provision of social services in a child care center needs to develop personal abilities and strengths in three general areas -- human relations, human rights, and human service knowledge

(Nash, & Ducharme, 1976). That is, the social services person needs the abilities and strengths that enable one to become involved in a continuing series of intensive personal relationships with families and family services agents and agencies. In the area of human rights, this person needs to be able to apprise families of their basic human rights to be recipients of the available services by connecting them with the human service delivery systems, which are representatives of the social agencies that sustain them, in order to guarantee the accessibility of legitimate services. In the area of human service knowledge, the social services person needs to be a student of human behavior, with the concomitant ability to decode and interpret the messages that behavior coneys. This implies the need to be able to interpret one's own behavior in relationship to the behavior of others. One's behavior is not only situationally determined but it is also influenced, in large measure, by how one perceives oneself vis-a-vis the status of other individuals within the context of a communications situation. If a parent, for example, perceives the social worker as an agent of a bureaucracy whose primary function appears to be that of tranquilizing that parent into deeper states of apathy and submissiveness, then that parent is likely to be less open, or even resistant, to the acceptance of the services offered. In any case, the social services person needs to have a listing of every child and family service agent and agency in the community, and to encourage not only the parents to contact these agencies but also to encourage the agencies to contact identified families in need.

Working With Center Staff

As noted in the position description, the social services specialist performs a notable number of tasks under Duty B (Administration -- Money, Supplies, Facilities, Etc.), Duty C (Supervising Center Staff), and spends a considerable amount of time in the performance of these and other related tasks. It is also recognized that the staff turnover is fairly rapid in some centers, requiring continuous training and retraining. Thus, the social services specialist has an obligation to the center staff. Several examples are therefore offered in areas where input from the social services specialist can be of valuable assistance to center staff.

In the area of food and nutrition, if food is served, the child care center has two responsibilities: (a) to provide nourishing meals for growing bodies, and (b) to teach young children what to eat and how to eat. This means that the child care provider has the obligation to know and serve both the kinds and the amounts of foods required in a balanced meal for the healthy development of children (Smith, 1976). There is sufficient indication to support the claim that adequate nutrition is more easily achieved when a variety of foods is offered to young children and accepted by them (Rockwell, & Endres, 1972). That is, the early introduction of a variety of foods to children, prepared in variegated ways, will allow them more choices as they develop preferences and tastes over a longer period of time. In addition, encouraging children to brush their teeth after eating, and to wash their hands both before and after eating, serves as a means not only of destroying germs but also as a means of teaching children the fundamental habits of good hygiene.

In the area of discipline, six simple guidelines have been offered by Callihan (1976) to help child care staff achieve a more harmonious relationship with children and decrease the need for punitive measures by: (a) stating directions and suggestions specifically and explicitly; (b) giving the child a choice only when the adult in charge is willing to accept the choice the child makes; (c) using the voice to control behavior -- speaking firmly but not crossly, without raising the voice; (d) attempting never to change behavior with words that cause a child to feel less of a person, or to experience a feeling of being less of a person, or to have less respect for himself or herself; (e) avoiding comparing children, or using competition to influence behavior, and (f) directing behavior by turning the child's attention to tasks of equal value and interest to the child. In this area of understanding and dealing with the behavior of young children, the literature is replete with practical techniques. For example, Highlights for Children, edited by Caroline Clark Myers and Dr. Walter B. Barbe, a nationally known specialist in child development and family life, offers to its subscribers a series of pamphlets, free, as part of its consultation service. The topics dealt with range from the bossy child to the hyperactive child: from the lonely, timid child to the stubborn child; from answering the child's questions about sex to teaching the child the meaning of "no," and the like. Another example is the series of booklets published by Ross Laboratories, Columbus, Ohio as part of its consultant service. These booklets deal with such topics as the child's appetite, children's quarrels, the phenomena of early development, the child's fears, when the child is unruly, becoming a parent, seeing children in focus, and the preparation for and seeing the child in the hospital.

These services are important to all persons who share in the adventure of caring for children and servicing their families.

The social services specialist can also assist the center staff in the area of ensuring, as much as possible, the positive influence of adult-male involvement in the care of young children. Making men available "helps each child to realize that part of the real world is men and women working together in the behalf of children; that each within his or her role fulfills a necessary part in the total picture of human relations" (Miller, & Scott, 1976, p. 6). The presence of men, especially in the lives of young children without an intact adult-male figure at home, offers children a masculine perspective of the world. Male presence also helps children to understand that masculine and feminine roles are both necessary in terms of our physical and social order, and that these roles are limited only by the context of the situations in which they are played.

Concluding Statement

This position paper has elaborated the role of the child care center in serving children and their families, particularly as it relates to the provision of social services. Its basic argument has been that the need for such services is no longer debatable, but rather the need to communicate and deliver the services is the issue. In the process, it has explicated what it means to provide comprehensive child care, hopefully in a clear manner that is generally acceptable to child care providers.

Efforts to deal with this important role have been documented, and the need to communicate and deliver requisite social services has been established. For those child care centers with either a full-time or a part-time social services specialist employed, a job description has been offered, including the tasks performed based on the results of a scientific research investigation, and additional personal abilities, characteristics and strengths requisite for adequate job performance. In the process, suggestions have been offered for using the expertise of the social services specialist to assist other center staff. In child care centers not having a social worker, it has been suggested that the chief child care provider, or a designated staff member, should assume the responsibility for making both the center staff and the families of the children enrolled aware of the social services available in the local community. The meaning of the message has been that the buck stops with the chief child care provider, whether federally funded, private nonprofit, proprietary, volunteer, or family-home based.

It has been strongly suggested that the maintenance of an up-to-date listing of the human and social services available in the local community, accessible to the center staff and the parent-families of the children, can serve as a means of communicating and delivering needed services. Such a listing can also help the social services person to coordinate these services in ways beneficial to both the children and their families. However, the social services provided by the agencies listed in the Appendix will have no lasting impact on the child's development and education unless these services affect both the child and the people who constitute the child's day-to-day environment. This means that the delivery of social services cannot be

confined exclusively to the outside agencies in specified settings, but rather that the child care providers must be willing to reach out into the homes and communities, so that the whole neighborhood is involved in words-in-action, in activity in its children's behalf (Bronfenbrenner, 1972; Kadushin, 1976). These kinds of experiences appear to be better realized when parents are involved in their children's development, education, and overall welfare. This means that the services provided by the child care center and the human services agencies should be in harmony with those provided by parents in the home setting (Vukelich, 1975).

To paraphrase the often quoted Confucian maxim: If child care providers fail to realize their role in the provision of social services to children and their families, then much of what ought to be done for children will remain undone; if this remains undone, the family-system will deterioriate; if the family-system deteriorates, justice and morals will go astray; if justice and morals go astray, our children will stand about in helpless confusion, frustrated and wondering what the real meaning of growing up in America is all about. The final message is, all persons concerned with quality child care services should do all that they can to help all children and their families share in the best of American life.

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APPENDIX

Community Sources for Listing Local Social Services

This list is by no ways complete. It is meant to be suggestive as a point of departure for the child care provider. The basic objective is to get services to children and their families, and to help both child care providers and parents act in behalf of children, with the intent of improving the quality of care and services in both the child care center and in the family situation. Many of these agencies are listed in the local telephone directory, by the local Department of Public Welfare office, and in small towns and communities the office of the county judge has recorded listings.

Although the social service delivery systems are diversified, each provides specialized facilities and procedures designed to more appropriately meet the needs of children and their families. The service to child care centers includes both family day care and congregate day care, "which is under public as well as proprietary and voluntary auspicies and is offered in some factories and hospitals as well as in separate centers" (Kadushin, 1976, p. 23). These services do not exclude those specialized centers serving physically handicapped or mentally retarded children. "Services to children in their homes and services to place children in adoptive homes reflect the continuum of services sought as one kind merges into the other" (p. 23). The role played by the child care center in the delivery of child and family services can help to bring us some steps nearer to fulfilling America's dream for its youngest citizens -- a nation that has yet to give its children's needs the high priority they deserve -- if that dream is to become a practical reality.

Family Planning

Community Guidance Center

La Leche League

Public Library

City Councilmen

Church Ministers, Priests, Rabbis

Local Affiliate of the National Association for the Education of Young Children

Local Affiliate of the Association for Childhood Education International

Local Affiliate of the Day Care and Child Development Council of America, Inc.

Coordinated Child Care Council (4C's)

Local Model Cities Agency

Head Start Program Coordinator

Local Colleges and Universities -- Departments of Education, Home Economics, Psychology, Sociology, Special Education, Counseling and Guidance, Biology

Local American Civil Liberties Union

Local Employment Agencies

Local Mental Health and Mental Retardation Center

Local Alcohol and Drug Abuse Program

Local Immunization Clinics

Local Children's Service Bureau

Local Child Psychiatric Association

Local Childbirth Training Programs

Local Better Business Bureau

Local U. S. Consumer and Marketing Service -- Food and Nutrition Service, Food Stamps Program

Local 4-H Clubs

County Child Support Services

County Juvenile Probation Department

County Agricultural Extension Service Agents -- Home Demonstration Agent, Child Support, Child Welfare

County Medical Examiner

County Psychiatrist

Local Pre-natal Clinics

Local Well-baby Clinics

Local Allergy Clinics

Central Office of the Local Public School System

Local Salvation Army

Local United Way

Local Medical Schools

Local Nursing Schools

Local Family Counseling and Study Service

Local Group of Parents Without Partners

Local Chapter of the American Association of Marriage and Family Counselors

Local Red Cross

Local Al-Anon and Alateen Information Services

N.B.: Confidential records should also be accurately kept on all the various tests used for assessment of achievement and development, and for screening purposes. How the results of these tests are used should be communicated to the parents of each child tested. Based on information in the Learning Disabilities/Early Childhood Research Project, such records should include:

A. Age range of test (i.e., 2-6)

B. Depth (achievement, developmental profile, screening-diagnostic)

C. Administration factors

1. Group-individual
2. Time needed to complete
3. Paced -- untimed-timed
4. Administrator: trained, no training necessary, psychologist, medical doctor, parent, staff member

D. Type of response required during test (vocal-motor)

E. Performance areas tested

1. Auditory discrimination
2. Articulation
3. Language
4. Developmental
5. Visual perception
6. Motor skills
7. School readiness
8. Social skills
9. Self-concept
10. Conceptual skills

F. Measurements requiring subjective judgment with/without child

1. Rating scales by parent
2. Rating scales by teaching staff member
3. Interview
4. Observation

The maintaining of such an up-to-date listing of human service agencies speaks not only to the conditions requisite for providing comprehensive and quality child and family services, it is also an effective means of involving parents in a most direct and immediate way in the communication and delivery of child and family services. Providing parents and other interested publics with such a listing can also play an effective part in the center's public relations program, particularly for private and proprietary child care centers.